



City of Allentown
Human Resources
435 Hamilton Street, Room 233
Allentown PA 18101-1699
610-437-7523

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 (Please print).

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Social Security No. _____ - _____ - _____

Telephone (____) _____ **Mobile** (____) _____

If under 18, please print your age _____

Days/hours available to work

Position applied for (1) _____

No Pref _____ **Thurs** _____

Mon _____ **Fri** _____

Tue _____ **Sat** _____

Wed _____ **Sun** _____

Are you a U.S. Citizen? Yes _____ No _____

If no, are you legally eligible to work in the US? Yes _____ No _____

Applicant will be required to provide documentation of identity and employment eligibility prior to starting employment.

How many hours can you work weekly? _____ **Can you work nights?** _____

Employment desired ☐ **FULL-TIME ONLY** ☐ **PART-TIME ONLY** ☐ **FULL OR PART-TIME**

Date available to start? _____

Are you currently on lay-off and subject to recall? Yes _____ No _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	Number of Years Completed	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A VALID DRIVER'S LICENSE? ☐ Yes ☐ No If no, please explain _____

Do you have a means of transportation to work? _____

Driver's License
number _____ State of issue _____ ☐ Operator ☐ Commercial (CDL) A ☐ B ☐

Expiration date _____ Endorsements _____

Have you had any accidents during the past three years? Yes ☐ No ☐ How many? _____

Have you had any moving violations during the past three years? Yes ☐ No ☐ How many? _____

OFFICE EXPERIENCE

Typing	<input type="checkbox"/> Yes	_____ WPM	10-key	<input type="checkbox"/> Yes	Word Processing	<input type="checkbox"/> Yes	_____ WPM
	<input type="checkbox"/> No			<input type="checkbox"/> No		<input type="checkbox"/> No	
Personal Computer	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other	_____			
	<input type="checkbox"/> No	Mac <input type="checkbox"/>	Skills	_____			

Please list two references other than relatives, previous employers, or current/former City employees.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying (special courses, trades, skills, business machines, licenses, equipment, etc.).

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Conviction will not necessarily disqualify you from employment

☐ Yes ☐ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ YES ☐ NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ YES ☐ NO

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the past five years beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.

Please complete this section in it's entirety even if you attach a resume.

Name of employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Have you ever been dismissed or asked to resign from a position? ☐ Yes ☐ No If so, explain -

May we contact your present employer? ☐ Yes ☐ No

PLEASE READ VERY CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the City of Allentown, (hereinafter called "the City"), except where collective bargaining agreements exist, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other City practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the City of Allentown, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and the City of Allentown may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the City may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the City permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the City from any liability as a result of such contact.

I also understand that (1) the City has a drug and alcohol policy that provides for pre-employment testing for which I will pay the current fee, as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the City may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the City, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the City shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the City is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

The City of Allentown is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the City of Allentown depends solely on your qualifications.

Thank you for completing this application form and for your interest in employment opportunities.



CITY OF ALLENTOWN

EQUAL EMPLOYMENT OPPORTUNITY DATA

The City of Allentown has a moral and legal commitment to provide equal employment opportunity and nondiscrimination in employment policies and practices on the basis of race, color, religion, sex, gender identity, sexual orientation, veterans status, political opinions or affiliations, lawful activity in any employee organization, national origin, age, disability, marital status, use of support animals because of physical disability of any individual or independent contractor, or because the user is a handler or trainer of support or guide animals. We are also required to make periodic reports based on these categories and are in violation of the law if we do not make such reports; therefore, we ask that you fill in the information requested below.

This information will not be used in any way to evaluate qualifications for employment or job performance. It will be used for statistical purposes only and will be kept in a confidential file separate from the attached application for employment.

Thank you for your help in this matter.

Please check where applicable (see other side for explanation of categories).

- | | |
|---|--|
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black (Non-Hispanic) | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Handicapped or Disabled |

Sex: ☐ Male
☐ Female

Date of Birth: _____
Age: _____

Are you a Veteran? Yes ☐ No ☐

Are you a Disabled Veteran? Yes ☐ No ☐

If yes, what is your VA disability rating? _____%

There are no clear-cut scientific definitions of race that can be used for these categories. For these reporting purposes, a person may be included in the group to which she or he appears to belong, identifies with, or is regarded in the community as belonging to; however, no person should check more than one race/ethnic category. General definitions are as follows:

- a. The category "White" (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- b. The category "Black" (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- c. The category "Hispanic": All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- d. The category "Asian or Pacific Islander": All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, this area includes China, Japan, Korea, the Philippine Islands, and Samoa.
- e. The category "American Indian or Alaskan Native": All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

The definition to be used for "Handicapped or Disabled" is:

"A person with a handicap or disability is any person who has a physical or mental impairment which substantially limits one or more of the person's major life activities, who has a record of such impairment, or who is regarded as having such an impairment."

